

MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM

2005 Evergreen Street, Suite 1200 Sacramento, CA 95815 (916) 263-2382 FAX: (916) 263-2567 www.mbc.ca.gov



CANCELLATION OF CERTIFICATE Registered Dispensing Optician

| e und | ersigned requests the Medical Board of California (Boa | ard) to cancel a certificate issued by the Board and declares that: |
|--------|---|--|
| 1. | A certificate was issued to(Now | ne of Business) |
| | · | , |
| | Certificate #, under the | e provisions of Section 2553 of the Business and Professions Code. |
| 2. | Please check the reason for this cancellation: | Out of Business |
| | | ☐ Transfer of Ownership |
| | | ☐ Change in Organization |
| 3. | If the reason for the cancellation is a transfer of ownership or change in organization, provide the name of the new ownership or change in organization: | |
| 4. | Attach both the original wall certificate and renewal please check all that apply and provide an explanat | certificate with this request. If you are unable to produce the certification below: |
| | | · |
| | Explanation: | |
| 5. | The undersigned is authorized to make this request | t: |
| FFID | AVIT: | |
| uppo | | of California that the information provided on this form, including any usiness indicated above is a Registered Dispensing Optician in the S |
| lame | | Title |
| Signat | ture | Date |
| Sign a | and sworn before me this day of | at |
| Ū | (mon | th) (year) (city and state) |
| | | Signature of Notary Public |
| | Notary Seal | Address |
| | <u> </u> | My commission expires: |